



2017 Iowa ACS 8-Ball Championships

Friday evening - Sunday, October 27-29, 2017

Team Entry Application

NOTE: All events are pre-registered. Must postmark your entry by no later than Saturday, October 14, 2017! Most recent valid stats must accompany this completed entry form.

League Name _____ League # _____
 League Operator _____
 Address _____
 City _____ St. _____ Zip _____
 Contact Phone #: _____
 Division Name (if diff. than league name) _____

Team Name _____

1). Captain: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league _____
 Phone: _____
 Session played in: Fall/Winter 2016 Summer 2017

2). Name: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league _____
 Phone: _____
 Session played in: Fall/Winter 2016 Summer 2017

3). Name: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league _____
 Phone: _____
 Session played in: Fall/Winter 2016 Summer 2017

4). Name: _____ M/F
 Address: _____
 City: _____ State: _____ Zip: _____
 Team played on during league _____
 Phone: _____
 Session played in: Fall/Winter 2016 Summer 2017

Please put additional team members on reverse side of this form.

On behalf of my team, I have read and agree to abide by the rules and regulations set-forth in the 2017 Iowa ACS 8-Ball Championship Guidelines published on the website and enforced by the Iowa ACS. Tournament guidelines, flyers and entry forms may also be downloaded at www.iowaacs.com.

Team Captain Signature: _____ Date: _____

ENTRY FEES: Postmark by: **10/14/2017**

Men's Standard Team (4-player) \$160
 Women's Standard Team (4-player) \$160
 Men's Open Team (4-player) \$160
 Women's Open Team (4-player) \$160
 Men's/Mixed Advanced Team (4-player) \$240
 Women's Advanced Team (4-player) \$240
 Out of State League Fee \$20

(Entries include \$40 Green Fees and \$20 Admin.)

MAIL THIS FORM TO: Iowa ACS
3855 Raleigh Avenue
Bettendorf, IA 52722

Refund requests must be in writing and in the ACS office by October 14, 2017. All refunds will be charged a \$10.00 handling fee. All refunds will be mailed after the event. **NO EXCEPTIONS!**
Questions: Call 563-508-0611
 [Entry details on the website]

PAYMENT (CHECK ONE) (Payable to IA ACS)

Check or Money Order VISA MC DISC

Credit Card #: _____ - _____ - _____
 Expiration Date: ____/____/____ CCS _____
 Total Amount To Be Charged For This Entry \$ _____
 + 5% ACS processing fee for credit card entries
 Cardholders Name (as it appears on the card) _____
 Email ads for receipt: _____
 CARDHOLDER'S SIGNATURE: _____

****League Operator Signature Required****